PATENT APPLICATION FEE DETERMINATION RECOR								Application or Docket Number					
Effective October 1, 2001								10038626					
		CLAIMS AS					NTITY		OTHER				
TC	TAL CLAIMS		(Column 1) (C			mn 2)	8	RATE FEE		OR 1	1		
FO			NUMBER FILED		MUMBED EVTDA				FEE		RATE	FEE	
		21.5.01.4110			NUMBER EXTRA		343	BASIC FEE 370.00		OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			SA_min	ius 20=	32	32		X\$ 9=		OR	X\$18=		
-	PEPENDENT CI		3 - minus 3 = 6				Χ	2=		OR	X84=		
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT /				+140=			OFI	+280=		
* If the difference in column 1 is less than zero, enter "0" in co						olumn 2	TO	TAL		OR	TOTAL		
/ CLAIMS AS AMENDED - PART II											OTHER	THAN	
	10/	(Column 1)	(Column 2) (Colum			(Column 3)	SM	ALL	ENTITY	OR	\$MALL E	ENTITY	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		NUM	BER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· DOT	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	* /	Minus			Ξ	X42=			OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										÷280=		
·								OTAL		OR	TOTAL		
10-h								FEE		OR	ADDIT. FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								ADDI-			ADDI	
AMENDMENT B	· .	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA	RA	TE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Totai	•	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	shrahrah		=	X4	2=		OR	£X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un			
+140=										OR	+280=		
								OTAL FEE		OR	∄ TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	4	Minus	##	-	=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X4				X84=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR-	3		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		
_		mber Previously Pai					found in	the ap	propriate box	k in co	lumn 1.		

FORM PTO-875 (Rev. 8/01)

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